U.S. Department of Labor Office of Labor-Management Standards We inington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managem and Budget No. 1215-0163 Expires 11-30-20

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal projecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 57/93	2. Fiscal Year Covered From:
	01/01/09 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MARY DAVIS	Name OPERATIOR PLASTERERS + CEM
	Labor Organization File Number MASON 001902
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	
City	
State ZIP Code + 4	State DC ZIP Code +4 200) 9
Position in labor organization.	State OC ZIP Code + 4 200 ) &
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15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mary Dann

On <u>D8-12-05</u>

202-398-5858. Telephone Number

	12.b. Amount.	
C. Received from any employer (other than an employer covered user from any labor relations consultant to an employer any payment of more	inder parts A and B above) ney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	.,
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Trade Name, if any: MASONS WELFALK FUND		
P.O. Box, Bldg., Room No., if any		
Street 4600-POUDER MILLED  City COREFE BELT		
State 700 ZIP Code + 4 207.05		: : :
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	

(Including trade name, if any).  Name (JASH: NATON DU CEMENT)  Trade Name, if any: MASON'S TRUST TUND  P.O. Box, Bidg., Room No., if any  Street (JULO) POWDIEN M.U. P.  City GEREN BELT  State MD ZIP Code +4 207.05  13. Is the Business of Explorer.  The Consultant J. 2.  14. D. Amount of payment.					
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